Addendum to the Commonwealth of Virginia Member Benefits Handbook for the Employee Assistance, Mental Health and Substance Abuse Programs Administered by Magellan Behavioral Health

The Local Choice KeyShare, KeyShare with Expanded Benefits and Value Alliance with Dental Effective July 1, 2002

The following information should be used when referencing your benefits with Magellan Behavioral Health. Unless specifically addressed below, the information included in the Member Handbook applies to your benefit plan.

Deductible for KeyShare Members -- \$200 per covered person, per Plan Year, not to exceed \$600 per family. This deductible applies to both medical and mental health benefits. Deductible does not apply to Outpatient Visits.

Deductible for Value Alliance Members -- \$300 per covered person, per Plan Year, not to exceed \$900 per family. This deductible applies to both medical and mental health benefits. Deductible does not apply to Outpatient Visits.

Benefit Information: All care must be pre-authorized and approved as medically necessary by Magellan Behavioral Health at 1-800-775-5138.

Plan Year is July 1 through June 30.

Plan	Covered Service	In-Network You Pay	Out-of- network
KeyShare	Outpatient Visits	\$30 per Visit	See Below
	Outpatient Hospital, Inpatient and Partial Days of Care	20% Coinsurance after Deductible	See Below
KeyShare with Expanded Benefits	Outpatient Visits	\$30 per Visit	See Below
-	Outpatient Hospital, Inpatient and Partial Days of Care	20% Coinsurance after Deductible	See Below
Value Alliance with Dental	Outpatient Visits	\$35 per Visit	Not Covered
	Outpatient Hospital, Inpatient and partial days of Care	20% Coinsurance after Deductible	Not Covered
All plans	Employee Assistance Program	4 Free Sessions – No Copay, Co-insurance or Deductible	Not Covered

Out-of-Network Care – All care must be pre-authorized and medically necessary. For services rendered by a Provider who does not participate in the Magellan Behavioral Health mental health/substance abuse managed care programs, KeyShare members must pay an additional 25% of the allowable charge plus any applicable deductible, copayment and/or balance above the allowable charge for out-of-network services. Value Alliance plan members have no out-of-network coverage.